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Two Cases of Sudden Death with Autopsical examinations. Reported for the Illinois Medical and Surgical Journal, by **AUSTIN FLINT, M.D.**, Prof. of Institutes, &c., in the Rush Medical College.

CASE FIRST.

Sudden Death from (probable) sudden effusion at base of Cranium.
—By the politeness of Dr. Sands, attending physician to the alms-house of this county, I was invited to be present at an autopsical examination of the body of a woman who had suddenly died under the following circumstances:

She had been committed as a vagrant on the 17th inst., and was in a state of inebriety when brought to the alms-house. On the 18th, she was dressed and about the wards. Did not report herself as being ill; and no particular notice was taken of her condition. She was heard to say that she believed she should die if she could not have some whiskey. It was supposed by the attendants that she was suffering from the after effects of excessive indulgence in ardent spirits; but her general aspect did not indicate any severe ailment, nor did she apply for medical treatment.

At about 2 P. M. on the 18th, while standing in one of the wards, she suddenly threw herself on a bed nigh at hand, and appeared to those in the room to have "*a fit*." Neither the physician nor resident pupil were in the house. The keeper was immediately summoned, and arrived at the room in three or four minutes after the attack. He stated that she gave two or three respirations after he entered the room, with long intervals between them, and ceased to breathe. He observed no convulsions.

Examination 20 hours after death.—Body large, well developed, and with considerable *em bon point*. Age about 30. The face and neck, anteriorly as well as posteriorly, presented deep lividity. This partially disappeared after the thorax was opened, and the large vessels divided.

As the objects of the examination were limited to the discovery of the immediate cause of death, it was proposed first to inspect the heart and other organs of the chest.

In opening the pericardium, a sanguinolent fluid was observed to escape. It was estimated that about two ounces were contained within the pericardium. A slit about half an inch in length was observed in the right ventricle, corresponding to the incision through the pericardium. It was undoubtedly made with the scalpel of the operator, although care was taken to guard against this accident. The walls of the right ventricle were morbidly thin but not softened. The slit had the appearance of having been made with a sharp instrument. There was no ulceration or softening about the aperture, nor any indications of endo-carditis. The general dimensions of the heart were not measured, but estimated to be normal; valves unaffected; no coagula within the cavities. The only morbid appearance was the attenuation of the walls of the right ventricle. This ventricle was probably distended, and being in close apposition with the pericardium, received the point of the scalpel, giving rise to the sanguineous effusion which exuded after dividing the pericardium.

Lungs engorged throughout; excessively at their inferior portions, and considerably at the superior and anterior portions; otherwise no morbid appearances.

The liver was enormously hypertrophied. It extended quite into the left hypochondrium, and was adherent to the diaphragm over a considerable extent of surface, both in the right and left hypochondrium. Its color was light yellow. The hypertrophy of the yellow portion manifestly predominated. It weighed seven pounds and two ounces.

The stomach was larger than usual; not distended; its internal surface not examined. External appearance of intestines healthy.

The object of the autopsy not being attained, the head was next opened.

The dura mater adhered with great firmness, so that in the separation some injury was done to the brain, occasioning a flow of serosity, the amount of which could not be well estimated.

There existed manifestly considerable effusion at the base of the cranium, between the dura mater and arachnoid. It was sanguinolent, but this may have been owing to the rupture of blood vessels in the removal. Bloody fluid flowed freely from the spinal canal. The brain presented moderate congestion. It is to be borne in mind with reference to this, that the chest was first opened, and the large vessels divided, which would tend to diminish the quantity of blood within the cranium. Aside from the congestion, appearance of the brain and membranes healthy. Slight effusion into ventricles.

I should have remarked that fluid blood flowed copiously from the vena cava when divided.

Remarks.—The most rational explanation of the sudden death in this case would appear to be—Congestion, and sudden effusion at the base of the brain, compressing the medulla oblongata, causing a cessation of respiration and fatal asphyxia. The congestion and effusion were probably induced by excessive inebriety, and perhaps, in some degree promoted by obstruction to the circulation, resulting from the diminished contractile force of the right ventricle in consequence of its attenuated walls.

CASE SECOND.

Sudden Death, with large Coagula in the Heart, and effusion at base of Cranium.—By a singular coincidence, I was invited on the same day, to be present at the autopsical examination of a second case, in which death took place as suddenly as in the other instance. The circumstances were briefly as follows:

A boatman, aged about 35, came into the office of Drs. Wilcox and Rogers of this city; was observed to stagger as he entered; seated himself in a chair and uttered the word "Doctor."

It was observed by Drs. Wilcox and Rogers, who were both present, that his eyes had a fixed, staring expression, and that the pupils rapidly dilated. Dr. Wilcox, perceiving that he was about to fall from his chair, seized him by the arm, and allowed him to slide from the chair to the floor, extended him upon his back, and dashed cold-water in his face, supposing it might be syncope. He gasped two or three times afterwards, his limbs were spasmodically extended twice, and he expired, as estimated, about two minutes after entering the office.

It was ascertained, by evidence at the coroners's inquest, held immediately, that he was of intemperate habits, had suffered much

from intermittent fever, and for some days past had had diarrhoea. A person who had seen and conversed with him a short time previous, on the same day, stated that his respiration was hurried and labored; that he complained of distress in the stomach, and that his general aspect was exceedingly bad.

Examination two hours after Death.—Body considerably emaciated, face very pallid, and features contracted. Presented the appearance of a subject dead after lingering disease.

Head was first examined.

Adhesion of dura mater of ordinary firmness; meningeal veins moderately congested; sero-sanguinolent fluid escaped from within the dura mater at the posterior portion of head. Care was taken to elevate the head while the brain was being removed, and, as estimated, more than two ounces of sero-sanguinolent fluid was found at the base of the skull. Section of brain presented more red points than usual, otherwise no morbid appearances.

Chest.—About an ounce of transparent serum in pericardium. Right auricle contained a firm yellow coagulum of lymph, about the size of a small hen's egg. It seemed quite to fill the cavity. A prolongation extended through the auriculo-ventricular orifice. It was firmly interwoven with the muscoli pectinati, so as to be with difficulty detached.

A coagulum having the same appearance, but of less size, existed in the right ventricle, firmly intertwined with the chordæ tendineæ. From this coagulum, a prolongation of about half the caliber of the pulmonary artery, extended upward about half an inch beyond the sigmoid valves. The endo-cardial membrane, both of the right auricle and ventricle was remarkably white, and presented no evidence of disease; the left auricle and ventricle nothing abnormal. Dimensions of heart not measured, but estimated to be below the normal size, if any variation existed. Blood flowed copiously from the cavæ when divided, which was fluid when it first escaped, but in a short time formed loose, dark coagula. Lungs deeply congested, otherwise healthy.

Liver greatly enlarged; of dark red color; deeply congested with fluid blood. Stomach and other viscera not inspected. The objects of this examination were limited to the discovery of the immediate cause of death.

Remarks.—What was the immediate cause of death in this case? Was it obstruction arising from the coagula in the heart, or from effusion at the base of the brain? The coagula without

doubt existed for a period, greater or less before death. This is shown, first, by the fact that the blood in the large vessels remained fluid, until the vessels were divided and the fluid escaped into the chest. This incident is interesting, as going to illustrate that the property of maintaining the fluidity of the blood, which is inherent in the vessels during life, is not at once lost after death. But, second, the lymph had evidently been subjected to compression of the heart's contraction for some time, as shown by its solidity, the expression of the coloring matter from it, and its being so firmly interwoven with the columns. The space occupied by the coagulum in the auricle especially, must have occasioned considerable obstruction to the circulation. That this, however, had not long existed, is shown by the fact that there was not hypertrophy, but rather an atrophied condition of the heart. The obstruction may have determined the hypertrophy of the liver; it doubtless did its congested state. The congestion and effusion within the cranium, was also, probably, due to the venous obstruction in a great degree; partly, also, to intemperance; and, perhaps, in part, to the state of great debility and anemia resulting from intemperance, intermittent fever, and the diarrhœa, combined. In the latter point of view, it would constitute nearly what has been termed by some authors, "serous apoplexy."

With regard to the question, whether the sudden death is attributable to the morbid condition of the heart or brain, I regard it as open for discussion.

Buffalo, N. Y., Sept. 19th, 1844

PRACTICAL MEDICINE, &c.

On the Therapeutic Action and Uses of Ergot of Rye.—An abstract of a paper upon this subject, by M. SACHERO, Professor of Clinical Medicine in the University of Turin, is to be found in the American Journal for October, taken from the foreign press. We have not room for the whole abstract, but give the conclusions, with a few of the remarks.

Ergot has been found useful in hemorrhages from the uterus, epistaxis, pulmonary hemorrhage, and hæmaturia. Speirani cites two cases of abundant hemoptysis cured by it. "It has also been used by Bazzoni, who, in 1831, published a work on the subject, in which he announced the following conclusions: 1st,

That the ergot of rye is a certain remedy in uterine hemorrhage and leucorrhœa. 2d, That the disagreeable sensations caused by it in the head are merely temporary. 3d, That if administered with prudence, it is without danger. 4th, That is equally efficacious, whether the discharge be active or passive. 5th, That its use is beneficial, even in those cases where the uterus and its appendages are affected with organic disease. 6th, That menstruation is not disturbed by its use."

M. Sachero has used it in cases of involuntary seminal emission, and assures us that his success was invariable.

"He cites some cases of obstinate bronchitis, from his clinical reports, which yielded as by enchantment to the use of this remedy; and, lastly, a case of severe otorrhœa which occurred in a young lady of a lymphatic temperament, who, after angina, was attacked with suppurating otitis, accompanied with head symptoms and a fever. Repeated blood-letting and the other usual remedies were tried, without the least avail. Injections into the ear were then tried, consisting of an infusion of the ergot, made with 4 grammes of the latter to 120 grammes of boiling water; the medicine was, at the same time given internally; there was immediate melioration, and a complete cure followed in the course of a month."

The Pharmaceutical researches of M. Bonjean contained in the paper, inform us, that the active principles are reduced to two, the watery extract, soluble in water; and the resinous extract, soluble in alcohol. They are prepared by treating the powdered ergot with boiling water, in the displacement apparatus. The strong infusion, upon cooling, deposits the resinous extract, which may be purified by re-solution in alcohol. The oil floats upon the infusion, and may be separated by decantation. The watery extract is then obtained by evaporation.

The astringent (hemostatic) power of the ergot, appears to reside in the watery extract, which is further thought rather to retard than hasten labor. The power of exciting uterine contractions, is supposed to reside in the resinous extract. To hasten labor, the use of the powdered ergot without preparation, is considered the most favorable. The whole of the poisonous principle of the ergot is thought to reside in the oil.

"*Conclusions.*—From what precedes, then, it follows, 1st. That the watery extract, (hemostatic extract or ergotine of Bonjean,) is a hyposthenic remedy acting on the general vascular system; and that by means of it we can control hemorrhage, morbid seromucous discharges, and lessen over-action of the heart. Its

action is clearly demonstrated to be on the vessels of the uterus, because, by its aid, we can control menorrhagia, threatened abortion, slight metritis and excitement of the uterine capillaries. The circulatory system being dependant on the great intercostal nerve, it follows that the action of the watery extract extends to this nerve and its numerous ramifications, as especially to those which preside over the life and functions of the uterine vessels. 2d. The resinous extract probably acts as a stimulant and its action extends to the nerves both of sensation and motion of the uterus. It is highly probable that when the ergot is administered in powder, it is in this extract that the principle resides which rouses into activity, the inert uterine contractions which had previously commenced. 3d. The action of the ergot, when administered in its natural state, appears to be of two kinds; the one, as in labor, affects the sanguineous system, the energy of which it diminishes (hyposthenises) by means of the ergotine; the other is upon the nerves of the uterus, which it stimulates by its resinous principle. To this double action must be added a third, equally hyposthenic, that of the oily or poisonous principle. Thus, then, in practice, several indications may be fulfilled by the isolated administration of these principles, and by the ergot in its natural state. The study of these cannot fail to extend its power as a therapeutic agent, when we have first determined the special circumstances in which they should be applied. 4th. The ergot only acts beneficially in labor, if this process has already commenced, when the amnion is ruptured, the position of the child natural, and the uterine contractions have been arrested or enfeebled, either by oppression of the forces, or by actual debility. In this latter case, the resinous extract is to be preferred to the watery or ergotine, consequently, the ergot has no effect in inducing abortion or labor, unless there is previously a commencement of uterine action. There is, nevertheless, an exception to this rule; and that is, when the foetus is dead, or the uterus contains a tumor; but when this occurs, the uterus is in an unhealthy state, and, most generally, the ergot only acts by exciting the organ to contract, or facilitates and hastens the operation if already begun. If the ergot is given in large and repeated doses, previous to the commencement of labor, it either destroys the child, producing immediate labor, or at all events it sickens it. 5th. Its use is strongly indicated in hemorrhage, arising from a partial detachment of the placenta. In this case, life, as is well known, is in danger, if the flooding is great, and labor not speedily accomplished. The ergot, in its natural state, or one or other of the extracts, may be prescribed, according to the state of the patient. There are cases where the woman suffers from a true and general plethora of the uterus, recognizable by the state of the pulse, which is full and slow, dyspnœa, the swollen state of the veins of the hands, legs and feet, which become blue, and by a severe throbbing headache. In these cases, the patient should be bled once or twice, and then,

if the uterus still continue inert, the ergot in its natural state may be prescribed, if it is thought proper and necessary to excite labor; if this is not considered desirable, then the ergotine should be had recourse to, if we wish to prevent hemorrhage and abortion. A bleeding should always precede the remedy in cases of congestion of the uterus. 6th. If the uterus does not expel the placenta, spontaneously, within a few hours after the birth of the child, the use of the ergot re-exerts the contractions in the course of seven or eight minutes, or in a quarter of an hour at most. 7th. In the preparation of the remedy it is an essential circumstance that the ergot be not gathered till it has reached a state of perfect maturity, toward the end of harvest, and in places with a free eastern exposure. If it be not perfectly ripe, it has either no action, or it is very feeble, as shown by the experiments of Bonjean. In this case it merely contains a little watery extract or ergotine, but no fixed oil, and consequently, is not poisonous. It is probable that it has been owing to the different degrees of maturity of the ergot, that the different effects, observed by certain authors, are to be attributed. It is also known that the ergot loses its virtue if it has been gathered more than a year, or if it is worm-eaten, has been exposed to the air, been roasted at too high a temperature, &c. It should only be reduced to powder when about to be used. 8th. It is more advantageous to give the ergot in small and repeated doses than in large ones which are often rejected by the stomach. An agreeable way of giving it is to suspend it in mucilage and add some aromatic syrup. We have already spoken of the manner of preparing an infusion by boiling water; the oil may be separated by decantation, and there remains the pure ergotine. The infusion may also be made with cold water. The decoction allowed to cool is little more than an infusion made in the warm way.

"This interesting article concludes with several cases of uterine hemorrhage cured by means of the watery extract; and with a case of abundant sero-mucuous discharge from the genital organs, in a girl three years of age, which had resisted all the ordinary means of treatment, but was cured by a single dose, (60 centigrammes*) of the powder infused in warm water, and then allowed to cool.—*Lond. and Ed. Month. Journ. Med. Sci., Aug. 1844, from Giornale delle Scienze Mediche della Societa Medico-Chirurgica di Torino, in the Annales de Therapeutique.*

Of the Nature and Treatment of Aphthæ.—Next to the induration of the cellular tissue, the disease which carries off the greatest number of newly-born children in the foundling hospitals is thrush. Hitherto we have been entirely ignorant of the cause and nature of this serious disease. The greater number of pathologists saw in aphthæ only a pseudo-membranous production consecutive on

[*About 9 grains.]

an idiopathic inflammation. With others it was a symptomatic inflammation. Neither were medical men agreed as to its mode of transmission; some regarded it as contagious, while others formally denied that it was so. According to the researches of M. Gruby, thrush is produced by the development of a cryptogamic plant.

Aphæ present themselves in the form of white masses, covering the whole of the mucous membrane of the mouth, and extending sometimes into the pharynx, cesophagus, stomach, and small intestines. The commencement of the disease is characterized by small, conical, whitish elevations, twenty-five millimetres in diameter, dispersed over the mucous membrane of the mouth; these elevations soon increase in size, and extend rapidly in the form of a pseudo-membrane strongly adherent to the subjacent tissue, from two to three millimetres thick, and covering sometimes the whole extent of the alimentary canal. A portion of this substance, examined under the microscope, is found to be wholly composed of a collection of cryptogamic plants. The roots are implanted in the cellules of the epithelium; they are cylindrical, transparent, and about 1-480th of a millimetre in diameter; during the development they perforate the entire series of cellules which compose the epithelium, to arrive at the free surface of the mucous membrane. The stems, which spring from the surface of the epithelium, are equally transparent, are divided at certain distances by septa, and contain corpuscles in their interior; they are cylindrical, straight, about one fourth of a millimetre in length, and 1-400th of a millimetre in width; the stems are divided into branches, which are again subdivided, bifurcating at an acute angle. These branches are composed of very distinct oblong cellules, containing one, two or three round and transparent nuclei; their lateral parts have sporules here and there, and their ends especially have a great number. The diameter of these sporules is from 1-200th to 1-500th of a millimetre.

These cryptogamic plants have considerable analogy with the sporotrichium described by some botanists. As they are very fragile, they become detached by the movements of the organs lined by the mucous membrane, and becoming mingled with the food, are carried into the alimentary canal, of which they afterwards cover a considerable extent. Those children in whom this extension of disease takes place very largely, fall into marasmus, and soon die. As M. Gruby has constantly found in the white substance of *aphæ* only these plants and the cellules of the epithelium, and never any production of inflammation, he deems himself authorized to conclude that thrush is nothing else than a cryptogamic plant vegetating on the living mucous membrane.

M. Trousseau employs the following collutory successfully in the treatment of thrush:—One gramme of hydrochloric acid, ten grammes of honey. He also recommends the following applica-

tion:—Equal parts of finely-powdered borax and honey mixed together.—*Med. Times*, from *Bouchardat's Aiguëne Thra-de-ne peutique* for 1844, in *Am. Jour.*

BIBLIOGRAPHICAL NOTICES.

A Dissertation on the protective powers of Vaccinia; being the Essay to which was unanimously awarded the Prize of the Boylston Medical Committee of Harvard University for 1844. By SAMUEL FORRY, M. D., Editor of "The New York Journal of Medicine."

This Essay of Dr. Forry is published in the New York Journal of Medicine for Sept. last. It covers 28 pages of that valuable periodical, and is well worthy of the perusal of every member of the profession. It embodies a mass of information upon the subject of the protective powers of Vaccinia, which can scarcely be met with elsewhere. We cannot do better than present to our readers some of the conclusions which are deduced from the evidence thus collated. The questions proposed for the prize essay, above referred to, were as follows:—

"To what extent is the human system protected from small-pox, by inoculation with the cow-pox?"

"Is the protection increased by revaccination, and if so, under what circumstances?"

In answer to the first inquiry, the Dr. remarks in general terms, "that when perfect, it is as complete a protection as any other prophylactic known to man. It is a general law that an individual is insusceptible of a second attack of small-pox, and yet cases of recurrent variola are so common, at the present day, as not even to excite our surprise. It is not, however, the less a general law, which, like all other vital laws, is subject to exception. On the other hand, variola after vaccination does also occur; but as this does not happen, when vaccination is properly performed, more frequently than the occurrence of small-pox after small-pox, it follows that the general law is equally active in both cases. Upon this point, however, hangs the whole question; for, if it can be proved, as it doubtless will be in the sequel of this essay, that the occurrence of small-pox after vaccination is not more apt to take place than after variolation, the conclusion that vaccinia secures as complete a protection against variola as any other prophylactic

agent known to man, is a legitimate deduction. Perfect vaccination, may, therefore, be considered as equivalent to an attack of small-pox; and vaccinia be regarded as identical with variola, save the greater mildness resulting from its transmission through the cow."

A discussion upon the laws of epidemics, and their applicability to epidemic small-pox follows, with remarks upon *contagion* and *infection*, which we have not room to notice.

The identity of small-pox and vaccinia is considered by the writer to be "demonstrated by experiments scientifically conducted, by infecting the cow with variola, and thus producing the vaccine infection."

"The extent of protection was estimated too highly by the early friends of vaccination; for during its prevalence as an epidemic, its prophylactic virtue too often fails." The essay goes on to mention the causes of failure. The fact that many children die with small-pox during the first month of life, disproves, in the Dr.'s opinion, the assertion that a "failure may arise from vaccinating a child at too early an age."

The following he enumerates as legitimate causes of failure: "The virus may be used before it has undergone sufficient elaboration; vaccination is often performed by unprofessional persons, and not unfrequently, carelessly even by the professional man; the constitutional affection may be prevented by totally depriving the vesicle of its lymph; the progress of the vaccine vesicle may be modified by febrile action from whatever cause, or by the complication of all other affections, by which great constitutional disturbance is produced; and there are, also, certain idiosyncracies which secure an impunity, not only from the action of vaccinia, but also from variola."

Does vaccine virus deteriorate in power in proportion to the number of times that it makes the circuit of the human body? Upon this subject the conclusions are as follows. That it does deteriorate "no good reason, and indeed no reason at all can be assigned." "As regards the effects of *variolo-vaccination*, which consists in inoculating the cow with the virus of variola, the resulting lymph being employed for the inoculation of man, it is questionable how far it may possess advantages, if any, over the ordinary current lymph." "Against the general adoption of this proposal, as well as to the immediate recurrence to the cow for the vaccinia, which last, among the variety of epizootic disorders

affecting cattle, it is not easy to distinguish, several strong objections exist. When first taken from the cow, the lymph, in both instances, is often very acrid, producing local inflammation and glandular swellings; and, as regards the genuineness of the new stock of lymph, there will always be doubt until the undesirable experiment of variolous inoculation shall have been made. Moreover, years will often elapse before the true cow-pox, even in large dairies, can be found."

We also insert a quotation from Wilson's essays on Diseases of the Skin, which, if true, is both curious and valuable:

"We cannot here pass over an extraordinary statement made by Dr. Lichtenstein, as appears from Hufeland's Journal for 1841. The author, in a paper entitled, 'On the Sources from which Matter preservative against the Small-pox has been derived,' makes the remarkable assertion, that a pock undistinguishable from vaccinia, is produced in an unvaccinated person who is inoculated with the limpid lymph contained in the pustules caused by tartarized antimony. He further asserts that these pocks are equally protective against small pox, and that, like it, the lymph may be transmitted from individual to individual. From this source, he actually inoculated and re-inoculated thirty-one persons; and of those, notwithstanding all mingled freely with the infected during the epidemic prevalence of small-pox, not a single one took the disease."

Another quotation also is worthy of notice:

"As regards the general effect of vaccination," says Dr. John Davy, "in its influence both as affording protection from small-pox to a considerable extent, and mitigating its severity when not preventing the attack, the facts given are clear and satisfactory. *It is a curious circumstance, that the proportion of those who died after a second attack of small-pox, was, as has been already pointed out, greater than in the instances of those who had the disease after vaccination.*"

Is the protection increased by revaccination, and if so, under what circumstances? The discussion of this interrogatory comprises ten pages of the essay. We quote the condensed summary toward the close:

We are disposed to believe with Jenner, that when the system can be fully infected with the vaccine disease, a protection is afforded against the occurrence of small-pox, which will remain unimpaired with the continuance of life. But, at the same time, experience has established the fact, that among a given number apparently successfully vaccinated, there are some in whom, from the various and not well determined causes which interfere with the success of vaccination, a certain degree of susceptibility

to variolous infection would seem to have been left unextinguished, and which appears to augment partially with the lapse of time. That re-vaccination exerts a powerful influence in diminishing these varioloid diseases, by giving to the system a new protection, has been abundantly proved by the statistics of re-vaccination furnished by the German states. As the mere admission of a possibility of a decline of the vaccine influence, shows the obvious necessity of re-vaccination, there remains no other question to be determined than the periods proper for the performance of the operation.

"Re-vaccination, in truth, promises us more than one advantage. Simple and harmless in its operation, contrary to variolous inoculation which serves to propagate the disease itself, it will determine, if the vaccinated person is susceptible of its influence, in the first place, the unprotected state of the system, and in the second, the future protection of the individual. But to determine precisely the length of time that the system is protected, is a question that does not admit of solution in the present state of our knowledge. From the preceding facts relating to this point, we are led to infer, more especially in considering the physiological changes which are known to be constantly occurring in the system, that the existence of this protecting influence has a variable period. *Let our object, therefore, be to secure, at every period of life, the perfection of vaccination.*

"*'You must bear in mind,'* says Erasmus Wilson, Esq., 'that the greatest safety against small-pox that man can enjoy, is the possession of that modified constitution that succeeds to the fever of small-pox. Experience teaches that the amount of eruption is of little consequence, as much benefit flowing from the benign, as from the most confluent kind—from inoculated as from natural small-pox; and I have no hesitation in declaring that as much protection as small-pox can bestow, is derivable from perfect vaccination.'

"*'I should advise,'* he continues, 'that vaccination be repeated every seven or ten years. If the system receive not the inoculated virus, it may be regarded as protected, and no inconvenience results to the subject of operation. While, on the other hand, if the operation be successful, the inconvenience will be temporary, and trifling, but the advantages great.'

"The epidemics of small-pox, which have appeared in various parts of Italy during the last few years, have afforded Italian practitioners an excellent opportunity of studying many points connected with it. All the medical men, and M. Tommassini in particular, agree in stating that persons attacked were either adults or individuals who had been vaccinated for many years previously. When the disease occurred in children recently vaccinated, it was a simple varioloid or varicella. From the facts thus observed, the celebrated professor of Italy concludes that the preservative influence of vaccination lasts about ten or twelve years. Hence,

he advises that re-vaccination should be had recourse to after the lapse of this period.—*Prov. Med. Jour.*, April 29, 1842, from *Il. Ra. Med.*

“In the *Annales D'Hygiène*, for July, 1837, Tome XVIII., there is an extended paper entitled ‘*Histoire d'une Epidémie de Variole, etc., par M. Charles Roesch*,’ in which the following directions as regards re-vaccination, and of which we highly approve, are given:—

“1. To submit to vaccination all individuals who have not been vaccinated, even when they have had variola;

“2. To repeat the vaccination ten or twelve years after the first vaccination;

“3. If this re-vaccination does not prove successful, it will be necessary to repeat it from year to year until complete success shall follow;

“4. Should the re-vaccination prove entirely successful, the disposition to contract small-pox ought to be, for many subsequently, excessively feeble; but, notwithstanding this condition of the system, that is, an individual successfully re-vaccinated, a proper exercise of prudence would require, after ten or twelve years, a second re-vaccination.

“Now, this is a philosopher after own heart. We go upon the principle, *that the more you vaccinate the better*. We have re-vaccinated ourselves annually for the last ten or twelve years, but the year of our complete success has not yet come; and we regard ourselves, judging from the fact of repeated exposure, as entirely protected against the variolous poison. If individuals are successfully vaccinated in childhood, all facts would seem to prove that there is no necessity for re-vaccination before the tenth year of age; and the same data lead to the conclusion that the most suitable age is from the age of puberty to that of confirmed manhood. Our own opinion is that vaccination should be repeated at the age of 15 years or earlier, and again at 25. After this last period, as man seems to acquire, with the advancing years, an inaptitude to variola, there would seem to be no farther necessity for vaccination.

A Dictionary of Practical Medicine, comprising General Pathology, the Nature and Treatment of Diseases, Morbid Structures, &c. By JAMES COPLAND, M. D., F. R. S. Edited, with additions, by CHARLES A. LEE, M. D.—New York, Henry G. Langley, 1844. (From the Publishers.)

This valuable work is to be published in monthly parts, the whole to be comprised in 20 numbers; price \$10. The additions by the American editor, will supply to the work references to the works of American authors, and also, articles upon diseases peculiarly incident to our own country. The editor promises to leave the original text untouched. This, we are glad to see, for it is not always that *corrections*, so called, are *improvements*. In

the part before us, (Part 1.) the articles upon Abscess and Abortion are well worth the price of the whole number.—Ed.

GENERAL INTELLIGENCE.

CIRCULAR TO PHYSICIANS.

At the semi-annual meeting of the Erie Co. Medical Society, held June 11th, a committee of five, consisting of Drs. SPRAGUE and FLINT of Buffalo, PRATT of Evans, WALLACE of Aurora, and M'BETH of Wales, was appointed to investigate in as far as practicable, and especially from facts occurring in this county, the causes, history, pathology and best method of treatment of Puerperal fever, and report at the next meeting of the Society. By amendment to the motion, Epidemic Erysipelas was also included.

The committee are desirous to fulfil as far as possible the trust committed to them, and in order to do so they wish to secure the co-operation of Physicians generally. They hope that sufficient interest will be felt in the subject and undertaking, for every member of the profession whom this circular may reach, to furnish the committee with such facts as have already fallen, and may hereafter occur under their observation, together with the views and practical conclusions which they have deduced from their own experience.

For the sake of uniformity, and for mutual convenience, a list is added of the several points concerning which in each case, precise and full information is solicited. It is desired that the cases will be recorded separately, embracing facts relating to the several points included in the following list, and in the same order.

Of the cases which have already occurred under your observation, please note the details according to your best recollection, if no record was made at the time of their occurrence. In those which may hereafter occur, the records will of course, be more reliable if they are noted simultaneously with the progress of the cases, or, at least, immediately after their termination. It will be important to distinguish the cases wherein the facts are given from recollection, from those where they are noted down from immediate observation.

Any views or suggestions accompanying the cases will be acceptable, and duly acknowledged, as also any considerations which may appear to have a bearing, however remote, on the subject.

Communications, *if post paid*, will be received by the editor of the *Illinois Medical and Surgical Journal*, up to the latter part of December next, and forwarded by him to the committee. Should a large number of cases with the details fully recorded in

accordance with the plan adopted be received, it is believed that their careful analysis and comparison will lead to very interesting and important results.

AUSTIN FLINT,
Chairman of Committee.

The following is a list of the several points concerning which information is requested of the facts occurring in each case separately. By recording the details in the same order, whenever a case presents itself, the labor will be slight.

Date, name of patient, age, number of children, occupation and habits, general health and constitution, state of health during gestation. Had the Physician shortly previous to the accouchment, visited patient or patients with the puerperal fever or erysipelas? Was the labor natural, or were any unusual circumstances attending it? Of the lochial discharge. Of the secretion of milk, did it take place, and was it scanty or abundant? Date of the attack from the time of labor. Did it come on suddenly, or did the symptoms supervene gradually? Of chills and rigors. Of pain, its location, degree and character. Of abdominal tenderness. Of tumefaction of the abdomen. Of the alvine discharges. Were cathartics administered before the attack, and of what did they consist? Of the pulse, its frequency, size, hardness or softness, compressibility, &c. Of the skin, hot or cool, dry or moist, perspirable, &c. Of the tongue. Of the mind previous to and after the attack. Did the patient anticipate, and dread the disease? Thirst, nausea, vomiting, or other gastric symptoms. Of the urinary secretions, abundant or scanty, appearance of urine. Of the muscular strength, prostration or exhaustion, degree and character. What mode of treatment was pursued, and the immediate effects? What appearance did the blood present, if blood-letting was practised? Duration of the disease. Termination in death or recovery. Post mortem appearances. General remarks. What other diseases have prevailed simultaneously, and have all diseases been marked by any character or characters peculiar to the season? Did epidemic erysipelas prevail before or during the cases with puerperal fever, and what were the prominent characters appertaining to this disease. Detailed records of cases of erysipelas will be very acceptable.

[We call the attention of our readers to the circular above, and hope that the desire of the committee may meet with the prompt attention the importance of the subject demands. Should the contributions sent by our readers be numerous and valuable, we hope to be able to lay before them in the report of the committee, results important to the profession, and creditable to the contributors.—Ed.]